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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: Practitioners associated with the Customer Number; 22504 OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 22504 1/1 The address associated with Customer Number: ORFirm or Individual Name Address City Country Telephone Fmall Assignee Name and Address: Smeaton Pumo LLC 2215 B Renaissance Drive, Suite 5 Las Vegas, Nevada 89119 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date 09 JAN 2009 Signature, a Ceffalo Telephone Name

This colestion of information's required by \$7 CFR 1.31, 1.23 and 1.33. The information is required to collain or relating states to be supported by \$7 CFR 1.31, 1.23 and 1.33. The information is required to collain or relating states to the state of the states of the

Authorized Person for Smeaton Pump LLC

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Title